

Questions and Answers – Webinar Training

Enrollment Entity/Insurance Agent/Broker Information

Q. Can we order a bulk of applications?

A. Yes, bulk application orders can be placed through PCIP customer service at 1-877-428-5060, Monday - Friday, 8 a.m. to 8 p.m., on Saturday, 8 a.m. to 5 p.m. or, you can contact PCIP by email at PCIP@maximus.com.

Q. Is there a contact list on the website if we have further questions?

A. Yes, PCIP contact information is provided on the PCIP Website at www.pcip.ca.gov under the **About** tab. The telephone number is 1-877-428-5060, Monday - Friday, 8am - 8pm, and Saturday, 8am - 5pm. The call is toll-free. The fax number is 1-877-430-0843, available 24 hours a day, and 7 days a week. The fax is toll-free. You can also send questions by e-mail to PCIP@maximus.com, be sure to include your name and telephone number.

Q. Are these applications only available in hard copy or is there one online?

A. PCIP/MRMIP Applications are available online. You can download applications from the PCIP website at www.pcip.ca.gov.

Q. If MRMIP application includes a spouse and dependents, is the payment to insurance agents/brokers still just one payment?

A. Yes, the payment is for **each successfully enrolled MRMIP application**. Not for each family member on the application.

Q. In the future, are there plans to allow the broker/agent to enroll online?

A. There are no current plans at this time to implement online applications. These are temporary programs that will no longer exist in 2014.

Q. Do we need to sign a contract before we can help applicants apply for PCIP?

A. No contract is required for agent/brokers to assist applicants applying for PCIP.

Q. If there are two or more applicants in the same household, does the enrollment entity and broker/agent get paid per member?

A. For PCIP, each individual applying for the program must complete their own application. An enrollment entity and insurance agent/broker will receive a payment for each person they assist who is successfully enrolled into PCIP. Information on how to qualify for the payment can be found on the PCIP Website at www.pcip.ca.gov under the **Outreach Materials** tab.

Q. Does an agent receive commission for those moving into the new area?

A. No. PCIP does not pay insurance agents/brokers a commission. An insurance agent /broker or EE may be eligible for a payment for each successful application assisted that is enrolled into the PCIP. This may include former PCIP subscribers from other states' PCIP programs who were disenrolled due to moving out of the former state. Information on how to qualify for the payment can be found on the PCIP website at www.pcip.ca.gov under the **Outreach Materials** tab.

Q. Do agents/brokers receive an application assistance payment when assisted subscribers are re-enrolled based on the results of appeal decision?

A. No. The payment is for **each successfully enrolled applicant at initial application**. Not for assists during the appeals process.

Q. If subscriber was disenrolled from the PCIP and re-applies, after 6 months, are Agents/Brokers and EEs eligible to receive an application assistance payment for the reapplication?

A. Yes, Agents/Brokers and EEs are eligible to receive the application assistance payment for the reapplication if the applicant is successfully enrolled in the PCIP.

Q. Do the EEs and Agents/Brokers also receive reimbursement on the 2nd year or later?

A. No, the payment is for a successful enrollment at initial application or reapplication after being disenrolled from the PCIP for six (6) months.

Q. May a fee be charged as well as receive commission?

A. No. Insurance Agents/Brokers **cannot** charge a fee for PCIP/MRMIP application assistance.

Q. Do we have to be licensed in all states?

A. To provide application assistance and be eligible for the payment, an insurance Agent/Broker must be licensed in the state where the applicant is applying for PCIP.

Q. Could you please edit the flyer to allow Agents/Brokers to insert their contact information

A. PCIP print materials are available. Print materials include PCIP business cards and a Tri-fold brochure with space available to include your business stamp and contact information. Please call the PCIP Outreach Coordinator at (916) 673-4692.

Q. If Agent/Broker or EE/CAA information appears but the agent/broker or CAA forgets to sign, is the application fee still payable?

A. If the application is not signed in the appropriate section, the agent/broker or EE will not qualify for the application assistance payment. The Agent/Broker-EE/CAA portion of the PCIP/MRMIP application must be complete when application is submitted.

Authorized Representative (AR)

Q. Can Health Agents be Authorized Representatives?

A. Yes, an applicant/subscriber may complete the Permission to Share PCIP Information section of the PCIP Application, or the Permission to Share PCIP Information form (found at www.pcip.ca.gov under the **Downloads** tab) to make an insurance agent/broker or CAA an Authorized Representative. This authorization will allow PCIP to provide limited information, over the telephone to the Authorized Representative.

Q. Can there be two individuals (such as the broker and broker's assistant) listed as the Authorized Representative?

A. Yes, the applicant/subscriber must fill out a Permission to Share PCIP Information form (found at www.pcip.ca.gov under the **Downloads** tab) for each person that is designated as an Authorized Representative.

Q. Do CAA's qualify to be an Authorized Representative?

A. Yes, an applicant/subscriber may fill out the Permission to Share PCIP Information section of the PCIP Application, or the Permission to Share PCIP Information form (found at www.pcip.ca.gov under the **Downloads** tab) to make a CAA an Authorized Representative. This will allow PCIP to give limited information, over the telephone, to the Authorized Representative.

Permission to Share PCIP Information

Q. Is the Permission to Share PCIP information part of PCIP application? Whose name do agent/brokers put on the top line, applicant or agent?

A. Yes, the Permission to Share PCIP Information is part of the application. It can also be downloaded from the PCIP website at www.pcip.ca.gov. On the Permission to Share PCIP Information part of the application, the top line requires the agent's name, or the person the applicant designates as an Authorized Representative. The Permission to Share PCIP Information form downloaded from the website requires the applicant's name on the top line, and the person the applicant designates as an Authorized Representative (AR) below the authorization text.

Q. Where is the Member Number found on the authorization form Permission to Share PCIP Information?

A. The PCIP Member Number field is found near the top of the Permission to Share PCIP Information form. The applicant/subscriber includes their Member Number when filling out the form. If they do not have their Member Number they may call PCIP at 1-877-428-5060, Monday-Friday, 8am - 8pm, and Saturday, 8am - 5pm. The call is free.

Affordable Care Act of 2010

Q. Do all states offer PCIP?

A. Yes. PCIP is available in every state and the District of Columbia. Information about applying for the Pre-Existing Condition Insurance Plan in every state and the District of Columbia is available at www.HealthCare.gov or 1-866-717-5826 (TTY: 1-866-561-1604) Monday - Friday, 8 a.m. to 11 p.m., Eastern Time.

Q. If Healthcare reform is repealed what will happen to this product and the insured enrolled?

A. It is not likely that Health Care Reform will be repealed as it is currently structured through at least 2013.

Q. Is this product called the same name in all other states?

A. No. The federally funded Pre-Existing Condition Insurance Plan (PCIP) may have different names in different states. Information about Pre-Existing Condition Insurance Plans in every state and the District of Columbia is available at www.HealthCare.gov or 1-866-717-5826 (TTY: 1-866-561-1604) Monday - Friday, 8 a.m. to 11 p.m., Eastern Time.

PCIP & MRMIP Overview

Q. DO PCIP and MRMIP share the same benefits and rules?

A. No. The PCIP and MRMIP have different benefits and eligibility rules.

For information about the PCIP, Costs and Benefits, please visit the website at www.pcip.ca.gov. Or, call 1-877-629-1500, Monday - Friday, from 6 a.m. to 6 p.m.

For more information about the PCIP eligibility enrollment rules, please visit the website at www.pcip.ca.gov. Or, call 1-877-428-5060, Monday - Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The calls are toll-free!

For more information about MRMIP, please visit the website at www.mrmib.ca.gov. Or, contact the MRMIP toll free number at 1-800-289-6574, Monday - Friday from 8:30 a.m.- 7:00 p.m.

Q. What is the difference between the two programs? Would it be fair to say you would want to check qualifications for PCIP then go for MRMIP?

A. The main difference between PCIP and MRMIP are: PCIP requires 6 months without health coverage and proof of citizenship or immigration status.
In MRMIP, there is more than one plan choice for enrolled subscribers and an applicant does not need to be uninsured for 6 months. Also, MRMIP has annual and lifetime benefit limits.

Q. How would you be eligible for MRMIP but not PCIP?

A. PCIP eligibility requirements include; applicant must not have had creditable health care coverage within the last 6 months and must provide proof that they are a U.S. citizen or U.S. national or lawfully residing in the U.S. MRMIP does not have these eligibility requirements.

PCIP Eligibility Requirements

Q. If eligible for PCIP, does the applicant still have to show a higher premium than MRMIP?

A. One of PCIP's eligibility criteria is proof of pre-existing condition by submitting one of the following documents:

- A denial letter from an insurance company or health plan, dated within the past 12 months, or
- A letter dated within the last 12 months, from a licensed doctor, physician assistant, or nurse practitioner, stating the individual has or had a medical condition, disability, or illness (go to PCIP website for a sample form), or
- An offer of individual (not group) health coverage with premium rates higher than the MRMIP preferred provider organization (PPO) rate where you live. The offer letter must be dated within the past 12 months, or
- A certificate of creditable coverage letter issued by another state or Federally administered PCIP program showing previous enrollment within the past 6 months

Q. If they have legal immigration status, and a CA resident, are they eligible for PCIP?

A. They are potentially eligible for PCIP if they are lawfully present in the U.S. and a CA resident. They must also meet the following PCIP eligibility requirements:

- Have no health insurance coverage for the past 6 months, prior to applying, **and**
- Provide proof of a pre-existing condition via Denial letter, excess premium letter, **or** Provider letter/form, or certificate of creditable letter from another state administered PCIP program.

Q. How do you indicate an out-of-state transfer from another state PCIP?

A. The out-of-state transferee will provide the information on the application when they apply in the new state and provide a Certificate of Creditable Coverage from the other state's PCIP program.

Q. Does the applicant have to wait 6 months with no coverage before they are eligible for coverage with PCIP?

A. Yes, one of the federal eligibility requirements for PCIP is applicants must not have had creditable coverage in the prior 6 months from the PCIP application date unless transferring from another state administered PCIP program.

Q. If they cannot afford their spouses group coverage and the employer gives them the premium amount, does that qualify for excess premium coverage?

A. For PCIP qualification purposes, the excess premium relates to when an applicant has been offered health insurance at a rate higher than the MRMIP PPO rate in their age and region categories. It does not relate to premiums provided by an employer.

MRMIP Eligibility Requirements

Q. Can an undocumented alien apply for MRMIP?

A. The MRMIP eligibility requirements are:

- Must be California resident.
- Must not be eligible for Medicare Part A or Part B (except for end stage renal disease), or COBRA or Cal-COBRA benefits.
- Must have been denied individual insurance coverage within the past 12 months, or
- Were offered coverage at premium rates equal to or higher than those of the individual's first MRMIP plan choice, or
- Termination letter by an insurance carrier for reasons other than fraud or non-payment of premium, ineligibility.

Creditable Coverage

Q. Is the limited benefit products considered creditable coverage?

A. Creditable coverage does not include coverage that consists only of limited benefits, such as dental, vision or cancer policies.

Q. Is share-of-cost Medi-Cal considered creditable coverage?

A. Yes. Share of cost Medi-cal is considered creditable coverage.

Q. Is a one-time program that was cancelled after a procedure considered creditable coverage?

A. Creditable coverage is defined as time spent covered under a prior health plan, which is used to satisfy the pre-existing condition exclusion in a new policy. Most health insurance plans are considered creditable coverage, including a group health plan (including COBRA or State continuation (mini-COBRA) coverage), individual health coverage, short term major medical policies, Medicaid, Medicare, Tricare, Indian Health Service Plans, U.S. Government Employee Insurance, public health plans (US only), and Peace Corps. Creditable coverage does not include coverage that consists only of limited benefits, such as dental, vision or cancer policies. Under a group health plan, the days in a waiting period during which a person has no other coverage are not creditable coverage under the plan, but these days are not taken into account when determining a significant break in coverage (generally 63 days or more).

Who Can Apply

Q. What if the applicant is not working?

A. Income is not an eligibility criteria for PCIP.

Q. Why would a child under the age of 18 need to apply for PCIP or MRMIP if the law now requires that insurance carriers offer coverage to children under 19?

A. Both federal law and state law expressly prohibits health plans from denying individual coverage for children. In addition, beginning January 1, 2011 California law requires all plans that issue individual coverage, to also offer child-only coverage. However, neither federal law nor California law expressly prohibits rating children based on health status. As a result, while it is unlikely that any children would be denied coverage, it appears children may be offered coverage at a rate higher than the MRMIP rate and could thus be eligible for PCIP or MRMIP. PCIP applicants can submit a letter or form from a doctor (M.D. or D.O), physician assistant, or

nurse practitioner, who is licensed to practice, stating that the individual has or used to have a medical condition, disability, or illness.

Q. Can anyone apply for PCIP and MRMIP?

A. Yes. Anyone may apply for MRMIP.

Under PCIP, an applicant can be:

- A person 18 years of age or older. These individual must apply for coverage for himself or herself;
- Parents (natural or adoptive) or stepparents applying for children who are under 18 years old. Parents or step-parent cannot apply for children 18 years of age or older;
- Legal guardians, foster parents, or care taker relatives applying for a child is who under 18 years old, living in their home;
- An emancipated minor, is a person who is under 18 years old who does not live with their parent, legal guardian, stepparent, or caretaker relative. Emancipated minors must apply for themselves.

Q. Can family members apply for coverage with either PCIP or MRMIP?

A. Each family member applying for the PCIP must complete his or her own individual application. Under MRMIP, dependents may apply along with the applicant on one application.

Q. How old do you have to be to initial documents and application for minors?

A. You have to be 18 years of age or older to initial documents and sign the application for minors.

Q. Does each enrolled dependent including minor's need to initial documents and applications?

A. All enrolled dependents, 18 years of age or older, are required to initial all the declarations on the application. Minor dependents are not required to initial on the application.

Q. Who signs the application for minors under the age of 18?

A. The minor's parents or legal guardians over the age of 18 sign the application for the applying minor.

How to Apply

Q. Do applicants have to automatically apply for both PCIP and MRMIP?

A. All applications received will be reviewed for both programs, PCIP and MRMIP. However, if an applicant is only interested in applying for a specific program they can request that program on question #2 of the PCIP/MRMIP Application.

Q. Can applications be submitted by fax?

A. Yes, applications may be faxed in, but the application would not be considered complete and could not be determined eligible until the initial premium payment is received at PCIP. Initial premium payments must be made by personal check, money order, or cashier's check only.

Q. Are there any plans to be able to enroll applicants online?

A. There are no current plans at this time to implement online applications. These are temporary programs that will no longer exist in 2014.

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www.pcip.ca.gov 1-877-428-5060

Q. What happens to applications sent to the wrong address? (MRMIP Address rather than PCIP Address)

A. Applications erroneously sent to MRMIP are forwarded by overnight courier to PCIP.

Application Requirements

Q. Do applications have to have the first premium check? Or can the check be sent after approval?

A. PCIP must receive the initial premium payment, by personal check, money order, or cashier's check, for an application to be considered complete and processed for an eligibility determination.

Q. When completing the PCIP/MRMIP application is it better for the applicant to enter their social security number even though it is optional?

A. Yes. We recommend that all the questions on the PCIP/MRMIP applications, required or optional, be answered completely by the applicant. When an applicant applies for the PCIP and /or the MRMIP, the application will be reviewed for both health care programs to inform the applicant of their coverage options.

Citizenship/Immigration Document Requirements

Q. Are photocopies of documents required to accompany each application?

A. Yes. Photocopies of all supporting documentation are required for each application.

Q. Can we use Social Security cards as proof of immigration documentation?

A. No. PCIP does not accept social security cards as proof of U.S. citizen/national or lawful presence in the U.S. A list of acceptable documentation is available on the PCIP Website at www.pcip.ca.gov under the PCIP Program tab.

Q. Does this program have recertification once a year?

A. No. Once enrolled in PCIP, a subscriber continues to be eligible for PCIP as long as premium payments are received by the due date, immigration documentation doesn't expire, they remain a resident of CA, and they do not obtain other creditable health insurance coverage.

Q. Do both PCIP and MRMIP require proof of citizenship?

A. Only PCIP requires proof that the applicant is a U.S. citizen, U.S. national or lawfully residing in the U.S. MRMIP requires California residency.

Proof of Existing Condition Documentation Requirements

Q. If they have a high premium quote from the spouse's employer, what format is required?

A. If an applicant is providing a higher premium offer letter as proof of a pre-existing condition for PCIP, the letter must be from a health insurance plan. It must also be dated within the last 12 months of the date that PCIP receives the application. PCIP does not require the letter to be in any specific format.

Q. Is a request for MRMIP denial form not acceptable for a denial?

A. No. An acceptable denial letter must be received from a health insurance company.

Q. Does the excess premium need to be for a plan with comparable benefits?

A. No. The plan benefits for the higher premium do not have to be comparable.

Q. Can a new business inquiry that denied coverage due to medical be considered valid documentation?

A. No. An acceptable rejection letter for PCIP applicant must be from a health insurance plan.

Q. Is the applicant qualified for MRMIP or PCIP if they get a higher regular premium level rate from insurance carrier but less than MRMIP /PCIP PPO rate?

A. If an applicant is applying for PCIP, the higher premium offer must be more than the MRMIP PPO rate for their age bracket, and region of residence. If an applicant is applying for MRMIP, the higher premium offer needs to be higher than their 1st plan choice in MRMIP.

Q. Within how many months do you have to be denied by another carrier to get coverage for PCIP?

A. If an applicant is providing a rejection letter as proof of a pre-existing condition for PCIP; the letter must be dated within the past 12 months of the date that PCIP receives the application.

Application Processing Time

Q. What will be the processing time for PCIP & MRMIP?

A. Processing time for a complete PCIP application, which includes all required documentation, and initial premium payment, is 10 calendar days for an eligibility determination. If the application is eligible and is processed by the 15th of the month, PCIP coverage will begin on the 1st day of the following month.

Q. Is it conceivable that an application is received on the 19th and it would be eligible by 5 p.m. the 19th?

A. No it is not conceivable. Processing time for complete PCIP applications, which include all required documentation and initial premium payment, is 10 calendar days.

Q. Is the approved date determined by the date the application is signed or the date the application is received by PCIP?

A. Eligibility determination is based on the application receipt date.

Q. If an applicant gets denied for MRMIP or PCIP for any reason, how long will it be before they get a refund from the 1st month's premium that they had submitted with the application?

A. Refunds may take up to 8 weeks to process from the date of the denial letter or withdrawal request.

PCIP and MRMIP Monthly Premium Rates

Q. Which plan is less expensive? MRMIP or PCIP?

A. Compared with California's Major Risk Medical Insurance Program (MRMIP), the state funded high-risk pool, the federally funded California Pre-Existing Condition Insurance Plan (PCIP) generally has lower premiums, expanded coverage and no lifetime or annual benefit limits. It also depends on the MRMIP HMO or PPO plan selection.

Q. Where are the premiums listed on the website? Or are they only in the handbook?

A. PCIP premiums are available on the PCIP Website at www.pcip.ca.gov, under the **Costs** and the **Downloads** tabs.

Q. Where can an applicant find the premium rate to send in with the application for PCIP?

A. The PCIP premium rate chart is available on our website at www.pcip.ca.gov, under **Cost** tab, or the **Download** tab, and are also part of the PCIP/MRMIP Handbook. PCIP premiums are based on the age and the region where subscriber resides.

Q. How much notice will an applicant receive before premium changes?

A. PCIP provides a ninety (90) and sixty (60) day notice prior to the subscriber's birthdate, when a PCIP subscriber's premium is going to change due to an age band. PCIP provides at least a thirty (30) day notice prior to the premium change due to regional change.

Q. Will the premium be increased every year?

A. Premium rates in CA PCIP may be reviewed for adjustments at a minimum once a year.. Premiums may also decrease or increase if the subscriber moves into a different Region (county/zip code). And, premiums will increase if a subscriber ages into another Age Band. Please refer to the PCIP/ MRMIP Handbook for premium rates. Premium rates can also be found on the PCIP Website at www.pcip.ca.gov.

Premium Payment Information

Q. Which premium must accompany the application? PCIP or MRMIP?

A. The applicant should send a payment for the premium amount in the program of their choice. If the applicant is unsure of which program they will qualify for, the premium amount for the program with the higher premium payment amount should be submitted.

Q. If there is no renewal how do you know if they continue to be eligible?

A. Once enrolled in PCIP, a subscriber continues to be eligible for PCIP as long as premium payments are received by the due date, immigration documentation doesn't expire, they remain a resident of CA, and they do not obtain other creditable health insurance coverage.

Q. Is there a grace period for premium payments?

A. No, PCIP does not have a premium payment grace period. Premium payments are due on the 15th of the month for the following month's coverage. The billing statements are mailed by the 1st of the month prior to the month of coverage.

Q. Do premiums have to be paid in full or can they be made in payments?

A. All monthly premiums must be paid in full by the 15th of the month for the following month's coverage. The billing statements are mailed by the 1st of the month prior to the month of coverage.

Q. Is the Electronic Funds Transfer (EFT) drawn on the 4th of the month of coverage or the prior month?

A. A subscriber may submit a PCIP Electronic Funds Transfer (EFT) Form to have their premium paid automatically every month. It can take up to 6-8 weeks after sending in the form before EFT withdrawals begin. PCIP will withdraw the premium amount from the account on the 4th of the month for the following month's coverage. If funds are not available at the time the electronic attempt is made, the payment must then be made with certified funds (money order or cashier's check) by the due date, as a second attempt will not be made.

Q. Must a new Electronic Funds Transfer (EFT) Form be filled to reactivate?

A. A new Electronic Funds Transfer (EFT) Form must be submitted to PCIP if there are any changes to the banking information or to re-establish the EFT process.

Q. If an applicant makes out the check to MRMIP and they end up eligible for PCIP, how is that handled?

A. Check will be applied to the appropriate MRMIB administered program.

Q. Can an applicant elect to pay their premium payments by credit card?

A. Credit card payment is not an option at this time.

PCIP Medical and Prescription Benefits

Q. Where can I get the Summary Plan Description?

A. The Summary Plan Description (SPD) booklet (a PDF) summarizes policies and coverage in PCIP. It is available on the PCIP Website at www.pcip.ca.gov.

Q. If the applicant has an emergency out of their coverage area, will the deductible be different?

A. If a subscriber has an emergency outside of the coverage area (California), the in-network deductible applies. The in-network deductible, coinsurance, and out-of-pocket maximum apply to all emergency services received from an in-network or out-of-network provider, whether a subscriber receives the services inside or outside of California.

Q. Is the deductible a part of the Annual Out of Pocket Maximum?

A. Yes. In-network medical care services and in-network brand name prescription drugs deductibles are included in the Annual Out-Of-Pocket Maximum. You can find this information in the PCIP Summary Plan Description (SPD) booklet (a PDF) which summarizes the PCIP policies and coverage. It is available on the PCIP Website at www.pcip.ca.gov.

Q. On the Benefit Summary there are asterisks (*) by medical procedures, however there is no explanation as to what the * means?

A. The asterisk (*) next to the Subscriber Costs amount in the Medical Benefits section of the

PCIP Summary Plan Description (SPD) booklet indicates the annual deductible applies (this note is at the bottom of the page).

Q. Does PCIP offer mail order prescriptions?

A. Yes. PCIP prescription drugs and covered supplies prescribed by a physician are available from either a pharmacy or by mail. For more information about benefits provided in PCIP, please refer to the Summary Plan Description (SPD) booklet (a PDF) which summarizes policies and coverages in PCIP. It is available on the PCIP Website at www.pcip.ca.gov.

Provider Network

Q. What is the physician and hospital network for PCIP?

A. Providers and facilities that participate in the PCIP PPO network are listed on the PCIP Website at www.pcip.ca.gov under the **Providers** tab.

Q. Who is underwriting the PCIP coverage? Blue Shield? Anthem?

A. PCIP coverage is provided through HealthNow Administrative Services (HNAS). This is a PPO network that has contracted health providers in all 58 counties statewide. To find out what providers are available through the PCIP, please visit the PCIP website at www.pcip.ca.gov, under Search for a PCIP provider section.

Q. Is PCIP a PPO network?

A. Yes. PCIP is a PPO network.

Q. There are only three Health Insurance companies (Contra Costa, Blue Cross and Kaiser Permanente) for MRMIP. Are there any plans in the future for more health carriers coming on board?

A. MRMIP has three plans and there have been no additional plans that have expressed interest in serving MRMIP.

Outreach

Q. What plans are in the works for the State of California to market these two plans for the general public?

A. The State of California promotes PCIP and MRMIP through various outreach mechanisms. Outreach materials and flyers are available at www.pcip.ca.gov. PCIP Webinar materials are also available on the website. PCIP is also conducting target outreach with Disease Management Organizations and approximately 200 community based organizations. To access the materials, go to the Outreach Materials tab on the PCIP website, www.pcip.ca.gov.